

Plaintiff name(s), address(es)	<b>V</b>	Defendant name(s), address(es)
Plaintiff attorney, bar no., address, and telephone no.		Defendant attorney, bar no., address and telephone no.

**The Mediator must submit this report every 60 days until the mediation process is complete. Once mediation is completed, this report must be filed within 7 days and evaluation forms must be provided to all the parties and the attorneys who participated in the mediation.**

The participants were:

	on behalf of	<u>Plaintiff</u>
	on behalf of	<u>Plaintiff</u>
	on behalf of	<u>Defendant</u>
	on behalf of	<u>Defendant</u>
	on behalf of	
	on behalf of	
	on behalf of	
	on behalf of	

**OUTCOME OF MEDIATION:**

- ☐ Parties did not settle  
☐ Further ADR contemplated  
☐ Further ADR not contemplated
- ☐ Parties settled in part  
☐ Further ADR contemplated  
☐ Further ADR not contemplated
- ☐ Parties settled: Agreement signed on \_\_\_\_\_  
(date)
- ☐ Other: Mediation to resume on \_\_\_\_\_

**NOT HELD BECAUSE:**

- ☐ Inappropriate to mediate  
(ie, domestic violence, uncooperative party, etc)
- ☐ Unnecessary to mediate due to prior settlement
- ☐ Due to no response
- ☐ Other

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**Date** \_\_\_\_\_

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**Signature**